

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

1999

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 3/23/99

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1990710

#5414  
\$10.00  
KSD1. NAME Robin Dan A.  
Last First MI2. BUSINESS PHONE 504-893-09063. BUSINESS ADDRESS 81125 Hwy. 1129 Covington LA 70435  
Street and No. City State Zip4. EMPLOYER Robin & Associates5. EMPLOYER'S ADDRESS 81125 Hwy. 1129 Covington, LA 70435  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes      No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Trial Lawyers AssociationAddress 442 Europa Street PO Box 4289 Baton Rouge, LA 70821Business or purpose Lawyers☒ New RepresentationDoes this person pay you? YesIf No, who pays you?     ☐ Terminated Representation as of

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2. Name City of Covington  
 Address 509 N. Columbia St., P.O. Box 778 Covington, LA 70434  
 Business or purpose Consulting, Public Relation, Lobbying for City  
☒ New Representation  
 Does this person pay you? Yes  
 If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
☐ New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of St. Tammany

Before me, the undersigned authority, personally came and appeared Dan A. Robin, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Dan Robin  
 Signature of Lobbyist

Sworn to and subscribed before me on this 22 day of March, 19 99

[Signature]  
 Notary Public